VS A15

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1570

09350

Reg. Dist. No.

# CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	F DECEASED:	
County Dprch	ral-Fish	ina Cao	olr.	State Maryland County Dorchester		
(11)	ontalde city or town l	imlts, write RUR	AL and give nearest town)	Rural-Fishi	ing Creek	***************************************
How long in above place	of death? Li	fe	***************************************		ing Creek	est town)
I MOSOITAL INSTITUTION, ME	street address where Shing Cr	wedill occultor.		Street No. Fishing Cre		
7. 7	DITTIE OT.	CCV	_	(lf rural, give	LOCATION)	
	r Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM		-07:- 1	David 3 . 4 4		3. (b) Social Security N	umber
			nn Bartlett		NI	
4. Sex	5. Color or race		arried, widowed, or divorced		ERTIFICATION	
Female	White	S	ingle	20. DATE OF DEATH Septemb	per 24, 1948	2:30P
6 (h) Name of bushand	or wife			21. I CENTIFY, that death occurred on the date abo		
0.(U) Name of nusband			alive, give ageyears	Sept 22 19	c8 10 sept. 21	1928
7. Birth date of	T7	2, 1948		and that I last saw harmalive onalive	M. ZX	19.48
deceased (mo., day.			If less than one day	Immediate cause of death		DURATION
8. AGE: Year		22				
		1		Hydrotephal	wo	3 mp
9. Birihplace Cam	bridge,	Dor. Co	. Maryland	Due to Constant a	mallomite	***************************************
		, county, and stat	e)		June	}
10. Usual occupation.			•••••••••••••••••	Due to.		J
11. Industry or busines		D	7 - 4-6			
print   The treatment	ldridge	E. Bart	Tett	Dither conditions		***************************************
	Maryland			(tnclude pregnancy within 3 r	months of death)	
置 14. Malden name	Rebecca	Traver	3	Major findings of operations.		
W 15. Birthplace	Rebecca Maryland			×	Date of op.	
16 Informant Mr	s. Rebec	ca T. B	artlett	Antopay results.		
TO. INTO MENT	shing Cr			PHYSICIAN: Please underline the cause to wi	hich death should be charged s	tatistically.
				22. VIOLENCE: tf death was due to external cau	ises fill in the following;	
(Burial, cremation	] n, or removal. Which?	Date thereof.	Sept. 25, 194 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremat	ory Dorche	ster Me	morial Park	Where did injury occur?(City or town)	(County)	(State)
	mbridge,			Injured at home, farm, industry, public place (w.		
				Means of Injury	Injured at work?	
			eral Service		1	.0
Address Cam	bridge,	Marylan	d.	23. SIGNATURE AMES W.	Meace, h	n.20
10 Sehrer	5 1948	Au	me w. kreade	2	me M. D. of	en25
(Date rec'd by re	egistrar)	-	Registrar	H Address Alsthua hee	Date signed	7

SEP 28 1948

BUREAU V. S.

PLAINLY, vis especially

WRITE

PLEASE

A15 NS

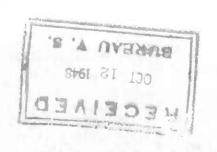
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Cily or town. Phaskedals. — Russel.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State Roy for A County Decelarity  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) ft veleran, name war.			
3. (a) FULL NAME Waster R. Bue Bill	3. (b) Social Security Number			
4. Sex 5. Color or race B.(a)Singto, married, widowed, or divorced  Widowed  Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH LIGHT 26 19 48 at 7 A. III			
6.(b) Name of husband or wife Minnie L. Beec	21. I CERTIFY that death occurred on the date above stated; that is stend a coased from  19. , to			
8. AGE: Years Months Days ft less than one day	Immediate cause of death ORATION  Augustian Augustian Survivors			
9. Birthplace Derskatter County Manyland (Towngoodney, and state)  10. Usual occupation January  11. industry or business Farm	Due fo			
12. Name Samuel R. Bell 3. Birthplaco Dorchester County, Maryland	Other conditions Oksesure Ast thoughts 25-30.  (Include pregnancy within 3 months of death)			
14. Maiden name Mangaret J. Herry  15. Birthplace Dorchiter County Maryland  16. Interment famue B. Beel	Major findings of operations			
Address Rhodesdak, Mayland, R.F.D.  17. Bural (Burial, cremation, or removal. Which?)  Oate thereof September 28, 1948 (month) (day) (year)	22. VIOLENCE: ff death was due to external causes, fill in the following:  Accident, suicide, or homicide			
Cometery or crematory East New Market Cometary  Location East New Market, Maryland	Where did injury occur?			
18. Funeral director J. J. Frampton & Inn. Address Federalsburg, Maryland  19. September 27 19 48 5 5. Fram Ston. (Dato rec'd by registrar)	Address Cambridge Gud Seffe 26/43			



		INLY,	pendoially
	}	PLAINL	ic ocr
9-45-15M		WRITE	
CIW C	I	LEASE	

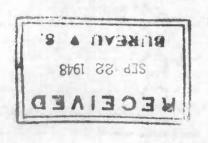
Address

19. 9 - 2 /

Evidence for change of MARYLAND STATE DEE	PARTMENT OF HEALTH  St., Baltimore  09352.
DIL OH GREE WHO WE SHOWN ON.	E OF DEATH Reg. Diet. No. 116
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mother)  State Maryland County Dorchester  City or lown Salem  (If outside city or town limits, write RURAL and give nenrest town)  Street No
Aletha Bevins	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  Female   Negro   Married	MEDICAL CERTIFICATION  20. DATE DF DEATH.  20. DATE DF DEATH.  20. DATE DF DEATH.
8. (b) Name of husband or wife Roland Bevins  S. (c) If alive, give age yeare  T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  51 79 hrs. min.  9. Sirthplace Chance Mo. (Town, county, and atte)  HOUSEWIFE  11. Industry or business  12. Name Agustus Wright  13. Birthplace Chance, Md.	21. I CERTIFY that death occurred on the date above etated; that t attended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
14. Maiden name. Janie Prai.  15. Birthplace Charce, Md.  16. Informant Cambridge Hospital Records  Address Cambridge, Maryland  17. Burial Date thereof Sept. 21,1948  (Burial, cremation, or removal, Which?)  Cemetery or crematory Chance Methodist Cemetery  Location Chance, Maryland	Injured at home, tarm, Industry, public place (where?)
H. Harvey Bradshaw	Meane of injury Injured at work?

Registrar Address.

Crisfield, Maryland



2. USUAL RESIDENCE (HOME) OF DECEASED:

### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	rchester			State Maryland county Dorchester			
City or town	mbridge	mite write H	CURAL and give nearest town)	Cambridge			
(II (	of death?	r. li m	os. 14 das.	City or town	give nearest town)		
How long in above place Hospital, Institution, or	street address where	leath occurred	1	Street No.			
Fortern	Shore Stat.	e Hosn	ital	(If rural, give LOCATION)			
How long in hospital o	Institution? 1 y	r. 4 m	os. 1/4 das.	2.(a) If veteran, name war			
3. (a) FULL NAM				3. (b) Social Se	curity Number		
Mary Ag	nes Cox	E (a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATIO	8-6529		
4, 361	3. color of face	0.(0)01118	a, married, macrea, or arresona				
Female	White	Wid	owed	20. DATE OF DEATH. September 27 19.	48 at 4:45 AM		
a (b) Name of bushand	or wife Gran	ville	Cox	21. I CERTIFY that death occurred on the date above stated; that I attend			
6.(0) Name of nosband	or wife			May 13, 1947 19 10 Sept	ember 27,948		
7. Birth date of		6.(	c) If alive, give ageyears	and that I last saw heralive onSeptember 27	1948		
deceased (mo., day,	yr.) October	(?)	.090	Immediate cause of death	DURATION		
8. AGE: Year	Months	Days	If less than one day	Cerebral Hemorrhage	1 day		
51		?	hrsmtn.				
9. Birthplace Lak	es, Dorche	ster C	County, Maryland	Due 10			
	(Iown,	county, and	state;				
10. Usual occupation.	Factory	MOLKET		Due to			
11. Industry or busines	is						
H 12. Name NO	ah H. Bran	ble		Dither conditions Mediastiaal tumor, epile	psy		
12. NameNO							
		Bramh	nle	(Include pregnancy within 3 months of death)			
14. Maiden name			~	Major findings of operations.			
₹ 15. Birthplace	Bishops Hea	a, Dor	. Co., Maryland	Date of o	pdi oeti nol		
16. Informant Eas	stern Shore	State	ole . Co., Maryland . Hospital records	Aotopsy resoltCerebral hem .softening,	mediastinai		
	oridge, Mar			PHYSICIAN: Please underline the cause to which death should be tumor enlar ged spleen, uterine 22. VIOLENCE: if death was due to external causes, fill in the foliowin	fibroids		
			Sept. 29. 1948	22. VIOLENCE: it death was due to external causes, fill in the following			
(Burial, cremation	al	Date the	reoSept. 29, 1948 (month) (day) (year)	Accident, suicide, or homicide Date	of		
Cemetery or cremat	Hoosier.	Memo	rial Cemetery	Where did injury occur?	(State)		
Location F1	hing Cre	ek, M	aryland	injured at home, farm, industry, public place (where?)			
	LeCompte	's Fu	neral Service	Means of injury injured at wo	ork?		
				e, 2, n	1. 21		
Address Camil	ridge, M	ar. A ra	110.	23, SIGHATURE GULLS U Bonnos	M. D. or other		
9-3	8 × 0 - 0 8	fol	mo-ce f. m	Combaidae Md			
(Date rec'd by r	egistrar)	()	Registrar	Address Cambridge, Md. Date	signed 9-20-40		

OCT 4 1948

BUREAU V. S.

09354

.. Date signed .. Sefo.

	2411 N. Charles St., Baltimore	1312
	CERTIFICATE OF DEATH	H Reg. Dist. No. J./.6
County	State	to give residence of mother)  County  County
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Edua Soa	e Llodson	3. (b) Social Security Number
Terrale Chute M. S.(a) Single, marri	led, widowed, or, divorced  Aruell  20. DATE DF DEATH	MEDICAL CERTIFICATION 8
Ta 11 1	less than one day  less than one day  less than one day  Due to  Due to  Other conditions  (Include properties)	Lesson Selven 24/
Address Ma. and Cause  17. Burial, cremation, or removal) Which?  Cemetery or crematory Orchards.	PHYSICIAN: Please woderly  22. VIOLENCE: If death wa Accident, suicide, or homicide Where did injury occur?	line the cause to which death should he charged statistically.  as due to external causes, fill in the following:    Date of

Registror

Address.

MARGIN RESERVED FOR BINDING

WRITE PLEASE A15 SA

9-27 (Date red d by registrar)

SEP 29 1043

BUREAU V. S.

2411 N. Charles St., Baltimore

09355

			CERTIFICA	TE OF DEATH Reg. Dist. No.	116
City or town	hester ambridge F foutside city or town lin ice of death? 19 or street address where d or Institution?	lural lits, write I Lears	tURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  Maryland  State Dorches  City or town Rural-Cambridge  (If outside city or town limits, write RURAL and give Sireet No. RFD # 1  (If rural, give LOCATION)  2.(a) If veteran, name war.	e nearest town)
3. (a) FULL NAI	ME	Samue	1 Richard Harr	3. (b) Social Secu	rity Number
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Widowed	20. DATE OF DEATH September 24, 19.4	18 ,12:15
B.(b) Name of husbar 7. Birth date of deceased (mo., da)	Monoh	6.(	(c) II alive, give ageye	21. I CERTIFY that death occurred on the date above staled; that I attended	t.24 10 48
8. AGE: Yes	Months 6	Days 1	If less than one dayhrsm		2 hrs.
10. Usual occupation  11. Industry or busin  12. Kame	rchester (Town, o , Salesman less Bakery lot Known			Due to attend Selevatil  Carles Vareular Renal Dece  Due to Diher conditions Augura Relative	щ 3 уель 3 уся.
13. Birthplace	Not Know	n		(Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant	. Warren imbridge,			Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be cha	arged statistically.
17 Buri (Burial, eremati	al ion, or removal, Which?) alory. Cambrid	Date the	month) (day) (year)	Where did injury occur (City or town) (County)	(State)
1B. Funeral director		s Fur	neral Service	Injured at home, farm, Industry public place (where?)	
Address Ca			mace. or r	28. SIGNATURE CANADAS AND Date signature Address Cambridge M. Date signature	I. D. or other gned 9-25-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

age

VS ATS

(Date rec'd hy registrar)

OCT 4 1948

BUREAU Y. S.

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

09356

# Reg. Dist. No. \_\_/\_/

1. PLACE OF DE	ATH: Dorches	ster	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	(For newborn infants give residence of mother)		
Cily or town	Cambridg	ge (Rural) nits, write RURAL and give nearest town)	State Maryland county Queen Anne			
(If	outside city or town lie	nits, write RURAL and give nearest town)	Clly or town. Crumpton	***************************************		
How long in above place	of death?	veral months				
in water	es of Chor	otank River near	Street No			
		veral months(E.S.H				
3. (a) FULL NAM		Harrison	3. (b) Social Securi	ity Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male	white	divorced	20. DATE OF DEATH September 10 1948	about		
6.(b) Name of husband	or wife Eva	States	21. I CERTIFY that death occurred on the date above stated: that I attended decessed from			
			rears and that I last saw haitve on			
7. Birth date of deceased (mo., day,	yr.) X	x 1881	Immediate cause of death			
8. AGE: Year		Days tt less than one day	Immediate cause of death Drowning			
67	x	Xhrs				
0.00.111	Crumptor	n. Md.	Bue to Manic Depressive	several		
9. Birthpiace		n. Md.	•	months		
10. Usual occupation.	Kurak	Mail Carrier	Que to.			
11, Industry or busines	88	U.S.Mail				
E 12. Name	John Harr	ison	Other conditions Had tried suicide sev	eral		
12. Name	Crur	npton, Md.		times		
		Walls	(Include pregnancy within 3 months of death)			
14. Maiden name 15. Birthplace			major nadiags of operations			
		oton, Md.	Date of op			
16. Informant M.2	cs. Leroy	Walls	Autupsy results			
Address	Crumpton	Md.		ged statistically.		
5/2	- 0	Sond 12 194	22. VIOLENCE: If death was due to external causes, fill in the following:	Sant 30/40		
(Burial, cremation	n, or removal. Which?)	Date thereof Sank 12, 1949 (glonth) (day) (year)	Accident, suicide, or homicide	Sebre Toles		
Cemetery or <del>creme</del> i	a Crus		Where did below constructed to the V C to 111 to 61 a 61 112	(State)		
CA.	Tarms	in mo:	(City or town)  (njured at home, farm, industry, public place (when ), Marylan	1d		
Location	10 9 X		Meens of Injury drowning Injured at work?	no		
18. Funerat director		ine of				
Address Cru	umptis	- 1	22 SIGNATURE The Shriver Day M	D. or other		
19. 9-1	3 10 x8	John Mace J. P.	n 40./	D. or other		
[Date fee'd by r	egistrar)	Tregis	In Marie 22 It was well as we have the same and a same as a			



MEN

BINDING

FOR

RESERVED

### CERTIFICATE OF DEATH

Reg. Dist. No. //6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County JORCHESTER	State MARYLAN County DORCHESTER.
City or town A C C C C C C C C C C C C C C C C C C	State County
How long in above place of death? 2 Mos.	City or town Khode Stale (If outside city or town limits, write RURAL and give nearest town)
dospital, institution, or street address where death occurred:	Street No.
CAMBRIDGE MARYLAND HOSP.	(If rural, give LOCATION)
How long in hospital or institution? 71465.	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
THERES A Hillsdale	
1. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEHALE WHITE SEDARATED	20. DATE OF DEATH SEP 7EM BER ZY 1948 , 3:00A
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(b) Name of husband or wife	21. I perility that death occurred on the date above states; that attended deceased from June 9 1940
	and that I last saw h En alive on SEDT 127 19 40
Birth date of deceased (mo., day, yr. FEBRUARY 13. 1901.	Immediate cause of death OURATION
B. AGE: Years   Months   Days   It less than one day	METASTATIC ADENO-
47 7 9hrsmin.	CARCINOMA.
CONSTABLE NEW YORK.	Due to CARCILNOMA DECEDING
Birthplace CONSTABLE NEW YORK.	CoLow.
10. Usual occupation House WORK	Dualto
11. Industry or business	DE IV.
	Dither conditions
12. Name EFNER BRAND 13. Birthplace CONSTABLE N.Y.	
14. Maiden namANGELINE KENUILI	(Include pregnancy within 3 months of death)
14. Maiden nam H N 6 C L	Major fiedings of uperation ADENOCARCINOMA - Color
15. Birthplace CAN ADA.	INTESTINAL OBSTRUCTION JUNE 10,19
18. Informant MR LOZICR	Autopsy results.
Address Rhodes dale Md.	PHYSICIAN: Plesse underline the cause te which death should be charged statistically.
A.L. A.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Hurial, cremation, or remarked, White)  Daie thereof, 9 24 /948  (month) (day) (year)	Accident, suicide, or homicide,
Cemelery or cremaky Drookview	Where did injury occur?
Location Brookview Md	Injured at home. farm, industry, public place (where?)
C+ - 110 - BLOTE	Means of Injury Injured at work?
18. Funeral director	01 280
Address Thanklown, Mdr	23. SIGNA
19. 9-23 19. V8 John Mace, J. M. 9 (Dave rec'd by registrar) (Dave rec'd by registrar)	M. D. Johnson
19. (Dave rec'd by registrar) Registrar	Address Date signed / 27/4



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. IARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09358

# CERTIFICATE OF DEATH

Reg. Dist. No. //

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Dorchester							
City or town	n limits, write R	URAL and give nearest town)	State Maryland county Cecil City or town Chesapeake City.				
How long in above place of death?3y Hospital, institution, or street address wh Eastern Shore Stat	rs3	os., 19 das.	City or town. Chesaneake City.  (If outside city or town limits, write RURAL and give nearest town.)  Street No.				
			(If rural, give l		6		
How long in hospital or institution?3	y. 1. 5. e. p	11000	2.(a) It veteran, name war				
3. (a) FULL NAME	TT TT2740			3. (b) Social Security 1	Number		
James	H. Hilto						
4. Sex 5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION			
Male White	Si	ngle	20. DATE OF DEATH September 7.	19.1.8	11:30A		
			21. I CERTIFY that death occurred on the date above				
6.(b) Name of husband or wife			June 18 19				
7. Birth date of	6.(	c) It alive, give ageyears	and that I last saw h. imalive on Sent				
deceased (mo., day, yr.) Octob	er 2. 18	356	Immediate cause of death		DURATION		
8. AGE: Years   Months	Days	If less than one day	Arteriosclerotic ca		DONATION		
92	5	hrsmin.	vascular disease		************************		
Dama sous Mo	ntcomera	County Maryland	Due to Senility		***************************************		
9. Birthplace Damascus, Mc	wn, county, and	state)	Delitti oy				
10. Usual occupation Store	Keeper		Due to				
11. Industry or business			545 (c.				
القا اع Name George Hi	lton		Other conditions Senile psycho	sis, simple			
	ill, Man		deterioration (Include pregnancy within 3 m	,			
14. Maiden nameFrances 15. Birthplace Snow Hill 16. Informan F. S. Stern Shore			Major findings of operations				
\$ 15. Birthplace Snow Hi	1, Mary	land					
16. Informan Eastern Shore	State I	Hospital Records	Autopsy results	tab dansh should be abouted in	etatistica Na		
Address Cambridge	Maryla	nd			statisticaby.		
^ · //			22. VIOLENCE: If death was due to external cause				
17. Burial, cremation, or removal. Wh		(month) (day (year)	Accident, suicide, or homicide				
Cemetery or crematory	eshable	erran cemel	(City or town)	(County)	(State)		
FIKT	ON		Injured at home, farm, Industry, public place (wh				
Location	D	a C	Means of injury	Injured at work?			
18. Funeral director	May	be & SON	10	n			
Address Elkton	TIM	d.	as accounting Green Well	Menne.	la		
8	8 July	- macy Jr.m.	Grace M. Bran	scombe. M.D.D.	or other		
19. (Date rec'd by registrar)		Registrar	~ ~ ~ ~ ~ ~ 1	eNd Date signed	10-7-48		

OCT 11 1948

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164 C

### CERTIFICATE OF DEATH

776

			CERTIFICATI	E OI BEILLI		Reg. Dist. No	
1. PLACE OF D	EATH: hester			2. USUAL RESIDENCE (HOM (For newborn infants give reside			
City or townRu (II) How long in above pia Hospilal, institution, HO	ral-Cambri	Ce leath occurred:	AL and give nearest town)	State Maryland county Dorchester  City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town)  Street No. RFD # 1  (If rural, give LOCATION)  2.(a) It veleran, name war. World War 11			rest town)
3. (a) FULL NAI		an Fra	nklin Insley		3	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, r	narried, widowed, or divorced	MEDICA	L CERT	TIFICATION	
Male	White	S	ingle	20, DATE OF DEATH Sept	embe	r 28, 19 48	. 6:30P
6.(b) Name of husbar	nd or wife			21. I CERTIFY that death occurred on the e			
7. Birth date of			t alive, give ageyeare	and that I last saw halive on	Ж	<b>X</b>	19
8. AGE: Yes		Days	if less than one dayhrs,min.	Immediate cause of death			DURATION
	Farmer-		e. Maryland.	Bue to	nd of	skull	XZ
				Other conditions Psychos	Ls, h	ad been at	
13. Birthplace	Dorchester Blanche	Short	Md. er	Perry Point Hospital during  (Include pregnancy within 3 months of death)  Major findings of uperations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause tu which death should be charged statistically.			
15. 9irthplace	Blanche Dorchester s. Blanche	c Co.,	Md.				
			ey, Maryland.				statistically.
Cemetery or crem:		Famil:	Sept. 30, 1948 (month) (day) (year) y Cemetery	Where did injury occur? Refe D. (City or	icide #1 C	ambridge,	Don Co.
			ge, Maryland	Injured at home, farm, Industry, public p	woun	d Injured at work?	no
	LeCompte mbridge, l		eral Service	nos HAL			A E
		Λ Λ	more, h	23. SIGNATURE Cambridge	22.	М, D.	
19. (Date rec'd by	30-19 ×8	. (	Registrar	Address Cambridge ,	Md.	Date signed	Sept.29

PLBASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrect is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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OCT 4 1948

RUBEAU V. 8

PLEASE WRITE PLAINL

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09360

# CERTIFICATE OF DEATH

Reg. Dist. No. // 6

1. PLACE OF DEATH: Dorollerter	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanty give residence of mother)
County Carring	State Maryland County Worllierter
City or town	(1f outside oft) or town limits, write RURAL and give nearest town)
Hospitel, institution, or street address where death occurred:	Street No. Kural
Cambridge 1019. Oraquial	(if rurol, give LOCATION)
How long in hospital or institution?	2.(a) tt veteren, name war
3. (a) FULL NAME Vaouri L. Jack	3. (b) Social Security Number
4. Sex 7-ewale White Married, widowed, or divorced	20. DATE OF DEATH SELECTION 8 11/16
6. (b) Name of husbend or wite Raysh W. Jackson	21. I CERTIFY, theil death occurred on the date above stated; that I attended deceased from
JZ	Left 1948, to Sept 22 1948
7. Birth dete of deceased (mo., day, yr.) Your 9-190/	end thell lest sew helm elive on helpt. 22 19.48
8. AGE: Yeers   Months   Days   It less then one day	Immediate caose of death DURATION
47 8 13	Les Charles Shape 992 W.
Galdery Hell, ma	a Nemarkanie ve Cardin-Vascula
9. Birthplace	Menal Disease Lyss+
10. Usual occupation	Due to
11. Industry or business	•
= 12. Name Cavara Turkey	Diher conditione Diabetes Mellitus 258.7
13. Birthplece Dar Co	
14. Melden name Lula May, Robinson	(Include pregnoncy within 3 months of death)
B 171110 de 1	Major findings of operations.
E 15. Birthplace	Oate of op.
18. Informent D S 10 /	PHYSICIAN: Please underline the cause to which death shootd be charged statistically.
Address Carica, Ma: A 70	22. VIOLENCE: It death was due to external ceuses, till in the toilowing;
17. Pure al Dete thereof Dept. 29-194	Accident, suicide, or homicide.
(Rurial, cremation, or removal Which?) (month) (day) (year)	
Cemetery or ecomptory	Where did lajury occur?
Location	Injured el home, term, industry, public blace (where?)
18. Funeral director Rewelth R. Hudulys	Means of Injury Injured at work?
Address Cambridge Md.	FOR. O - Sty Wolland
& Indl. man to r	23. SIGNATURE M. D. Or other
19. (Date red d by registrer) (Degistrar	1 P. D. D. MN U927-48



2411 N. Charles St., Baltimore

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3 4	7.18	und	123	- 0
9 1	- 1	0 3	1.0	- 66
11	9	w	V	willing.

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Dorchester  Mack son Maryland  (It outside city or town timits, write RURAL and give nearest town)  Madison  (If rurat, give LOCATION)  2.(a) It veteran, name war.			
3. (a) FULL NAME					3. (b) Social Security	Number
Sophie	J. Lint	hicum				
4. Sax	5. Color or race	8.(a)Single, m	arried, widowsd, or divorced		RTIFICATION	2 .
female	Negro	Wide		20. DATE OF DEATH September	14 19 48	I A.
6.(b) Name of husband of 7. Birth date of dscsased (mo., day, yr			hicum alive, give age decea, i	21. I CERTIFY that death occurred on the date about the second of the se	ept. 13	14 19 48
8. AGE: Years	Months	Days	It isss than one day	Cardiovascular	disease	UNATION
13. Birthplace 14. Maidsn nams. 15. Birthplaco 16. Intermant	none ohn Chas Woolford Arolise Buckto rah Keen adison M	orer  se	lend usu hL:	Due to	Date of op	statistically.  (State)
Address Can	Lewis Habridge,		nd Mace In.	Means of Injury  23 SIGNATURE	Injured at work?	or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09362

# CERTIFICATE OF DEATH

Reg. Dist. No. //6

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
GOUNTY				***************************************	State Maryland County Dorhhester			
Cambridge (If outside city or town fimits, write RURAL and give nearest town)  44 Yrs					Cambridge			
					City or town	st town)		
Hospital, Institut	ion, or etre	et address where	death occurred	l:	404 Pine Street			
				***************************************	Street No. (If rural, give LOCATION)			
How long in hos	pital or Inst	titution?		······································	2.(a) 11 veleran, name war			
3. (a) FULL	NAME				3. (b) Social Security No	umher		
	Guy I	fack			o (o) botto becauty an	B20000		
4. Sex		Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male		Negro		Married	20. DATE OF DEATH Sept. 16 48	D		
			rie M					
6.(b) Name of h	sband or w	rife	LIE M	ack	21. I CERTIFY that death occurred on the date above stated; that 1 attended decease	ed from		
				e) It alive, give age	May 5 im Sept 16 Sept 16 and that I last saw h allve on	19		
7. Birth date of		7/ 7	= 100	A	and that I last saw halive on	19		
deceased (mo	, day, yr.) Yeare	May 1	Dave Dave	11 leee than one day	Immediate cause of death	OURATION		
8. AGE:	Leave	monthe	Vaye	The second secon	Pyleocystitis			
44				hre min.		**********************		
9. Sirthplace	Camb	oridge,			Due 10	5 WKS		
		(Town,	county, and	ntate)		*************************		
10. Usuat occup	ation	Labo			Due to			
11. Industry or 1	business	n	one		oue (u.	***************************************		
	Walt	ter Joh	nson		Other conditions Abscess of Scrotum	4 Yrs		
	~	embridg			Uther conditions			
13. Birthpia	ce	Mary J			(Include pregnancy within 8 months of death)			
里 14. Malden	name	HIGT A O	ewa		Major findings at operations			
14. Malden	ce Ca	mbridge	e. Md.		- Oate of op.			
				k				
16. Informan1	·····	embridg	o Ma		Autopsy results	stistically.		
Address					22. VIOLENCE: If death was due to external causes, this in the following;			
17 Bt	ırial		Date then	Sept 19, 19	Accident, suicide, or homicide,			
Burial Sept 19, 194  (Burial, eremation, or removal. Which?)  Cemetery or crematory Bethel								
					Where did injury occur?	State)		
Legation	Can	abridge	, Md		Injured at home, farm, industry, public place (where?)	,		
					Means of Injury Injured at work?			
18. Funerat dire	ector I	Wis H.	Bayne	3HM	0/11.21			
Addrese		oridge,			1 Thomtensett			
0		8	toh	- mace, fr. m. w	23, SIGNATURE	other		
19	hy registr	19 × 0		_ mace, Jr. m. w Registrar	Addrese Cambridge IId Date signed	9-18-4		
(Date ree c	J B C .			10810111	WANT OF THE PARTY			



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### MARYLAND STATE DEPARTMENT OF HEALTH

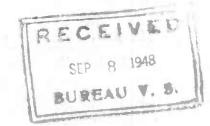
2411 N. Charles St., Baltimore

09363

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Dorchester Rural-Cambridge				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give-residence of mother)			
				State Maryland County Dorchester			
City or town			URAL and give nesrest town)	Rural - Cambridge			
How long in above plac	e of death? Sev	en Ye	ars	(II OUTSIG	de city of town limits, write KOKAL and give her	erest town)	
Hospital, Institution, o	r street address where	death occurred	l:	Street No. RFI	) # 2		
ПОІ	me-RFD #	<i>A</i>			(If rural, give LOCATION)		
	or Institution?			2.(a) It veteran, name war.			
3. (a) FULL NAM		lmer	R. Moore		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL CERTIFICATION		
Male	White		Married	20. DATE OF DEATH	September 3, 1948	1:30A	
6.(b) Name of husband	or wife Ber	tha S	tymus Moore		coursed on the date above stated; that t attended dece		
*******************************	****	6.(	c) If alive, give ageyears	je premoei z	alive on 9-3-48		
7. Birth date of deceased (mo., day,	yr.) 18	78				19	
8. AGE: Year		Days	It less than one day		Myocardial Failure	1 Hour	
70	0		hrs,min.		my ocal ular larrar		
9. Birthplace Vienna, Dor. Co., Md. (Town, county, and state)			Md.	Due to Intes	tinal Obstruction ?	l day.	
1D. Usual occupation	Gardener	•		m . 4 -	***************************************	***************************************	
11. Industry or busine	11			Due to			
	evin R. M	loore		Other conditions		***************************************	
12. Name	Virginia	4	•			•	
≥ 13. Birthplace		Marto	Mono	(Include	pregnancy within 3 months of death)		
HLOW 14. Maiden name	Jerusha	MUNA	lliara	Major findings of operatio	PBS		
15. Birthplace	Virginia			***************************************	Date of op		
16 Informant Mr	s. Earl F	ooks		PHYSICIAN: Please underline the cause to which death should he charged statistically.			
Md RED	# 2 Cam	hnide	e, Maryland				
				22. VIOLENCE: It death was due to externat causes, fill in the following:			
Burial Burial Date thereot Sept. 4, 1948 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homic	lde Date of		
Cemetery or crematory Cambridge Cemetery			Cemetery	Where did Injury occur?	(City or town) (County)	(State)	
Location Cambridge, Maryland.					ustry, public place (where?)		
	T - C 1	-	uneral Service	Means of Injury	/ tnjured at work?		
1B. Funeral director				~/	aurens hugan		
	mbridge,	in 0		23. SIGNATURE LAW	manaa Mamranov M (1)	or other	
10 9-	7 19 X8	John	mae, J. m.d		M, D,	1 1/0	
(Date rec'd by r	egistyar)	1/	Registrar	Address 130 Hac	e Street, Cambridge signed.	7-4-40	

2018-



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	Reg. Diat. No/./
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give mearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of motine)  State
How long In hospital or Institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Virgil Nicholo	3. (b) Social Security Number
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced married married	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1
6.(b) Name of broken or wife Cinnue M. Mucholo  8.(c) If alive, give age 7.2 years  7. Birth date of deceased (mo., day, yr.)  Pecerolev 12.1868	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from  19
8. AGE: Years Months Days If less than one dayhrs	Grinary getention zwh
9. Birthplace	Due to. Due to. Due to.
11. todustry or business  12. Name William Nicholo  13. Birthpiace Christ Rock Mr.	Other conditions. (Include pregnancy within 3 months of death)
14. Maiden name Julia nichols 15. Birthplace Thrist Rock, md.	Major findings of operations
Address 1611 Bruce Ct. aft 2 Balle 17. mg	Autopsy results
(Burial, eremation, or removal, Which?)  Cemetery or crematory.  Date thereof.  (Month) (day) (year)	Accident, suicide, or homicide
t8. Funeral director Allege Andrews	tnjured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. (Date ree'd by registraf)  Address  Address	23. SIGNATURE

MARGIN RESERVED FOR BINDING

WEADING INK. Supply every item of information carefully. The correct age fant. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

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09365

CERTIFICA	Reg. Diat. No//6
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Daisy H. Parker	3. (b) Social Security Number
6.(a) Single, married, widowed, or divorced  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  2D. DATE DF DEATH 19 30 9  21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Due to
14. Maiden name  15. Birthplace  16. Informant  Address  17. (Burial, cremation, or remoyal, Which?)  Date thereof (month) (day) (year)	(Include pregnancy within 3 months of death)  Major findings of operations
Cometery of cremetery Acaseler A. Clauseley to a selection Acaseler A. Storman	Where did injury occur?
19. — 9-/3 19. — Pace Tepstrar  (Date roc'd by registrar)  Repristrar	23, SIGNATURE AND OF SHIP STATE OF SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP



PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

160 C

# 09366

### CERTIFICATE OF DEATH

Reg. Dist. No. 1/6

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For prewhorn infants give residence of mother)
Dorchester	Monral and Danalas t
(1f outside city or town limits, write RURAL and give nearest t	town) City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Cambridge-Maryland Hospital	Street No. 116 Washington Street (If rural, give LOCATION)
How long in hospital or Institution? Three days	2.(a) If veteran, name war
GORDON Baby boy Payne (4:05 P. M. Sen	3. (b) Social Security Number
4. Sex   S. Color or race   S.(a)Single, married, widowed, or divorce   M   Colored	MEDICAL CERTIFICATION Sept. 23 20, DATE OF DEATH 11:45 P. M. 19 48 at
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	years and that I last saw his alive on Sayt. 2.3 19.46
8. AGE: Years Months Days If less than one day	Immediate value of death DURATION
Care Lendal m	Due to 1) Prematice Liparating
9. Birthplace (Town, county, and tate)	the membrane &
10. Usual occupation	- Bue to
12. Name Tomas Mann	Dither conditions Gard light around in al.
13. Birthplace	(Include pregnancy within 3 months of death)
9 15. Birthplace Mildled Col	Major findings of operations
16. Informant	Autopsy results
Address  17. (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If dealh was due to external causes, till in the tollowing;  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day)	Where did injury occur? (City or town) (County) (State)
Location Canberry	Injured al home farm, Industry, public place (where?)
18. Funeral director Films F. F. S. F. F. S. F. S. F. S. F. S. F. F.	Means of Injury Injured at work?
Address A W. A. John Mars	23 SIGNATURE L. O. heralith, h.D. or other
(Date rec'd by registrar)	Registrar Address Cambrile, mayland Date signed Soft. 3,1

SEP 30 1948 ·

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09367

# CERTIFICATE OF DEATH

Reg. Dist. No. 1/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Dorchester	State Maryland County Talbot		
Clty or town			
How tong in above place of death? 2 yrs., 3 mos. 6 days	City or town Tilghman (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
Eastern Shore State Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 2 yrs. 3 mos. 6 days	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Augusta Roe	hone		
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	2D. DATE DF GEATH September 10 19 48 21:15 p.		
6.(b) Name of husband or wife James A. Roe			
6.(b) Name of husband or wife Quality A. 1100	" 16 Contombon 10 /0		
7. Birth date of 7. Bir	and that I last saw heralive onSeptember 10		
deceased (mo., day, yr.) July 2, 1876	Immediate cause of death		
8. AGE: Years   Months   Days   It less than one day	Cerebral arteriosclerosis		
72 2 8mla	1		
Somerset County, Maryland	Due to Senility /		
9. Birthplace Somerset County, Maryland (Town, county, and state)			
10. Usuat occupation	Due to		
11. Industry or business	DUE 70		
El 12. Name Edward Tyler	Other conditions Psychosis With Cerebral		
13. Birthplace Somerset County, Maryland	Arteriosclerosis (Include pregnancy within 3 months of death)		
	Major fiediogs of operations		
El .			
18. Informa Eastenn Shore State Hospital Records			
Address Cambridge, Maryland			
12.000 . 9-10-48	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17. (Burial, cremation, or remoyal, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Vilghman M. E.			
Most md.			
Location Location	Mesns of Injury Injured at work?		
18. Funeral director Andrews Comments	Mesals of injuly		
Address Site homas med.	Church Browness		
2 John Mace J. m	M. D. or other		
19. (Date read by registrar) Registra	ar Address AMM VMS Date signed E		



2411 N. Charles St., Baltimore

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09368

### CERTIFICATE OF DEATH

Rog. Dist. No. 116

			Reg. Di	r. 140 J. J	
1. PLACE OF D	EATH: Orchester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Cal	mbridge		state Maryland County Dorchester		
(III	outside city or town i	mits, write RURAL and give nearest town)	Cambri des	(1) 11 10 10 10 10 10 10 10 10 10 10 10 10	
How long In above place	ce of death? Li	fetime	(If outside city or town limits, write RURAL,	nd give nearest town)	
Mospital, Institution, (	or street address where	death occurred:	Street No. 5 Gough Street		
) (Fell)	gh Street		(If rural, give LOCATION)		
How long in hospitat	or institution?		2.(a) It veteran, name war		
3. (a) FULL NAM	1E		3. (b) Social	Security Number	
	LULA	SUDLER	217-10	-8322	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICAT		
Female	Negro	Widowed	Se lateralier 9	48 1100	
			20. DATE OF DEATH	. 19. J	
6.(b) Name of husban	d or witeJose	ph Sudler	2f A CERTIFY that death occurred on the date above stated; that I		
			July 24 1144 10 10	101.9 194	
7. Birth date of deceased (mo., day,	w) Feb	ruary 28, 1894	and that I ast saw h	19. 0	
8. AGE: Yea		Days   It less than one day	Immediate sense of death	DURATION	
	. 6	77min.	Cornary primos	40 - 13 //10	
5.				***************************************	
9. Birthplace. Call	norlage,	Dor. Co. Maryland county, and state)	Due to be persentin earse		
		county, and state)	/ / Poscular disease	- 4 7/	
			Due to		
	ss Food Fa			***************************************	
State of the state	ohn Ennal		Other conditions		
₹ f3. Birthplace	Cambridge	, Dor. Co. Maryland			
Maiden name	Elizabet	h Nichels	(Include pregnancy within 3 months of death)		
60	Cambride	h Nichels e, Der. Co. Md. a Taylor	Major findings of aperations.		
≥1 15. Birthplace	Centoring	e, Dol. Co. Ma.	Date o	t op	
			Autopsy results.	**************************************	
Address Will	mington,	Delaware	PHYSICIAN: Please underline the cause to which death should		
a Buria	1	Sept. 13.1948	22. VIOLENCE: If death was due to external causes, fill in the folto		
	n, or removal. Which?)				
Cemetery or crematory Waugh Cemetery			Whers did injury occur?	y) (State)	
Location Can	mbridge,	Dor. Co. Maryland	Injured at home, farm, industry, public place (where?)		
40 6	Herbert I	4. St. Clair, Jr.	Msans of injury A injured at	work?	
Address Camb	oridge, Ma	aryland	Coplanto Branks	mo	
9	13 x5	John Mace, Jr. m	3. SIGNATURE OU STULLE	M. D. or other	
f9. (Date rec'd by r	egistrar)	Registrar	Address 9 Roce St. lambilar heli	ate signed 9-11-49	

Supply every item of information carefull please write the causes of death clearly and FOR BINDING RESERVED MARGIN PLAINLY, is especially

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MARYI.AND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

932

09369

# CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or town Carbindge	State County County		
(If outside city or town limits, write RURAL and at e nearest town)	City or town		
How long In above place of death?	City or town		
Hospital Institution, or street address where death occurred:	Littlet No.		
Cambridge Maryland Juga	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
9			
3. (a) FULL NAME	3. (b) Social Security Number		
Jenry was			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Sand Jacob Lander Very			
NO TOCK	20. DATE OF DEATH S 19 18 21 9 P		
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
6.(b) Name of husband or wife	( C).//- ( / C) - V		
	0 1- 1-		
7. Birth date of	and that Mast saw harmalive on 3 18 4 8		
deceased (mo., day, yr.)	Immediate cause of death, DURATION		
8. AGE: Years Months Days If less than one day	Congestion Heart Jailer: 3 ma		
80?min.			
M. Died mauland	Deline ada 7-1011) 3		
9. Birthplace	Due to Manual And Control of the Con		
1D. Usual occupation	Due to		
11. Industry or business			
H	BAS STATE OF THE S		
12. Name	Dther conditions		
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden name			
14. Maiden name	Major findings of operations.		
≥ 15. Birthplace	- Date of op.		
16. Informant Cambridge - Md. Haspite	Autopsy results		
O a live is a male	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.		
Address .	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burial Date thereof Sept. 9, 1948	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or crematory blulch City Camethy	Where did injury occur?		
	tnjured at home, farm, industry, public place (where?)		
Location			
18. Funeral director Lewis 31. Bayres	Msans of Injury Injured at work?		
10. Fullerat director	1 / Ab Will GOTER		
Address Combudge, Md.	- manager / // throw lan m)		
a - Ul John more In.	23. SIGNATURE M. D. or others		
19. 9 - 9 19 Peristrar	Address Justin Chr Bate signed College 48		

SEP 10 1948

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19. (Date rec'd by registrar)

VS A15

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Evidence for change of MARYLAND STATE Dibirth date shown on:  2411 N. Chartelle Company of the C	les
1. PLACE OF DEATH:  County	
3. (a) FULL NAME  4. Sex  5. Color/or race  6. (a) Single, married, widowed, or divorced  Mal  8. (b) Name of June 10 or wile Maly  1. Sex  1.	<u></u>
T. Birth date of deceased (mo., day, yr.)  8. AGE: Years Monthe Days If less than one day  2 9 1. hrs. min.	
9. Birthplace	
12. Name 2 M R Mull by 13. Birthplace maly gnd  14. Maiden name a Model for the state of the sta	
Address / Address / Moles Meles / Moles / Mole	

YLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

IFICATE OF DEATH

110

2. USUAL RESIDENCE (HOM (For newborn infants give reside		
State Maryland.	County Dorchester.	
City or town	(Rural.)	st town)
Street No. None (If rura	l, give LOCATION)	
2.(a) If veteran, name war None.		
WILLISON	3. (b) Social Security N	umber
MILLISON	None.	
MEDICA	L CERTIFICATION	
20. DATE OF DEATH Septembe	r 10" 148	9 4.
21. I CERTIFY that death occurred on the d		
August 31"	19 48 Mugust 3	1" 19.4
and that I last saw h 1malive on .A		
Immediate cause of death APPOP		DURATION
		10
45.8		days.
Due to Arterio-scle	rosis.	• • • • • • • • • • • • • • • • • • • •
		***************************************
Due to		
	••••••	
Other conditions		
(Include pregnancy wit	thin 3 months of death)	
Major findings of operations		
***************************************	Date of op	
Autopsy results		
PHYSICIAN: Please underline the cause		atistically.
22. VIOLENCE: If death was due to exter		
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or t	town) (County)	(State)
Injured at home, farm Todustry, public pl		-
Meens of Injury	injured at work?	
CHI 1	7/	2
( Qward	D. Oank	~/
23. Sienton Edward E. Lam	kin M.D. Vienn	other

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